

ile Number:	
Check If:	Fee
[] New Filing	\$500.00
[] Renewal	\$500.00
[] Amendment	N/A

Certification Authority License Application

Any person applying or renewing to be licensed as a certification authority must file this application in compliance with the requirements of the Utah Digital Signature Act (U.C.A. Section 46-3-101, et. seq.) and the Utah Administrative Code (R154-10-103).

Name of Applicant:						
Address:						
Street		City	State	Zip Code		
Phone:	Fax:		_			
Email:	URL:					
Is this Applicant currently	registered in the state of	Utah?[] No [] Yes				
If yes, please provide regis	tration number or busines	ss name:				
Registered Agent Name:						
Address:			Utah			
Street		City		Zip Code		
Registered Ag	ent Signature	Date				
Please attach signed writte	n declarations certifying t	he follow:				
Please attach signed written declarations certifying the follow: [] All operative personnel employed by the Certification Authority have undergone a criminal						
background check. (U.C.A. Section 46-3-201(1)(b) & R154-10-103)						
_		ne Certification Authority ha	ava damanetratad kn	owlodge and		
proficiency in the requirements of the Utah Digital Signature Act and Administrative Rules. (U.C.A. Section 46-3-201(1)(c) & R154-10-107)						
[] A suitable guarantee in the amount of seventy-five thousand dollars (\$75,000.00).						
Exceptions (46-3-103 (34))						
[] Certification Authority has working capital of ten thousand dollars (\$10,000.00) to conduct business						
for a period of at least one year. (R154-10-203)						
[] The applicant must affirm that it has obtained permission to use trustworthy systems to perform						
certification authority services in the form of an information systems audit report from a qualified,						
independent third-party. (46-3-103 (38) & R154-10-106)						
		ication practice statement, p	provide the location i	n the form of a		
		r procedure by which it may				
		ant on a floppy disk, in addit				
		it's digital signature(s) may				
Under penalties of perjury, I declare that this application for Certification Authority has been examined by me an is, to the best of my knowledge and belief, true, correct and complete.						
Signature	 ;	Title		Date		
Please forward this applica	ition and all conies of writ	tten requirements to:				
Mike Olsen	and an copies of with	tien requirements to.				
	erce & Licensing Coordin	ator				
S.M. Box 146705	sice & Electising Coordin	ator				
Salt Lake City, UT	`84114-6705					
Phone: (801)530-6						
Email: molsen@u						
	www.commerce.utah.gov					

Be sure to include filing fee. Checks should be made payable to "State of Utah".